

## **Supplementary Appendix**

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<b>Materials</b>	<ul style="list-style-type: none"> <li>• Handout of Specific EMA Items</li> <li>• Computer with Zoom access</li> <li>• Links and documents to share via screen share (2 instructional videos and survey questions)</li> <li>• End of Study Survey link (email after completion of interview)</li> <li>• Mental Health Resources (email after completion of interview)</li> </ul>	

## 1. Welcome – 5 minutes

### A. Introductions

SAY: Thank you for coming to our meeting. I am \_\_\_\_ and I am a [describe role: investigator/research assistant/coordinator] for the HER Life Project. Are you able to see and hear me okay? We really appreciate your time and effort to come today.

### B. Guidelines

SAY: I look forward to hearing from you over the next hour or so about how you think we can improve our study. First, I would like to go over some guidelines and information for today.

First, as a reminder, this session will be audio recorded. Only our research team will have access to this recording and we will use it to remind us of the things we talk about today.

Second, we should be able to finish up today within the next hour, but if you need a break please let me know.

Are there any questions on the plan for today?

### C. Overview of Today

SAY: Ok, before we get started, let me give you a brief overview of what we are going to be doing today. As was mentioned, we are interested in getting your feedback on this study.

To give you a little background, this study is called the Health and Experiences in Real Life, or HER Life Project, and it is funded by the National Institutes of Health. Eventually we are going to be having 300 young women participate in this study, but before we do that, we want to get feedback from a smaller group of women about this study – so that's what we are doing here with you today.

The topics that we are going to be covering today are getting your feedback on the general study procedures, and more specifically on the videos you watched prior to starting the study and the smartphone app questions. Ultimately, we are hoping that the information you and others will provide will help us to create better treatment programs for health-related behaviors, such as eating, drinking, and exercise, so we will also ask you some about your experience with healthcare providers.

At the end of the session today we will email you a link to fill out a short survey to tell us anything else that you might not want to share in person with me today.

So that's what we are hoping to cover today. Do you have any questions before we get started?

## 2. Study Instructions and Procedures

### A. Overview of Procedures

SAY: First, it would be helpful to hear your feedback about some of the materials and procedures of the study. Just as a reminder about what you have done so far in this study, you first completed a brief screening survey online. Then, you provided informed consent and completed a demographics survey. After this, you downloaded the LifeData App along with the surveys. Then, you completed seven days of surveys on the smartphone.

### B. Smartphone App

SAY: Let's start by talking about the smartphone app download process. **How was your experience with downloading the RealLife EXP app and installing the surveys?**

Follow-up questions:

- Were the instructions we sent for how to download the app helpful?
- Did you have any problems with finding or installing the app?
- Did you have any problems with getting the HER Life surveys once you installed the app?
- Are there any changes to the instructions you would suggest?

### C. Instructional Videos

SAY: I want to ask about some of the videos we made to describe the study procedures to you. You may remember that there were two short videos that you watched – one before you started the study describing the procedures, and one after you installed the smartphone app to explain the survey questions in more detail. Let us show you the first video again. *Show the first video.*

**Did you find this procedure video helpful in describing the study?**

Follow-up questions:

- Are there other materials you think we should provide to help you understand the study procedures and process better?
- Do you think we should continue to use this video (or a similar video) in the study?

SAY: Now let's talk about the second video – here it is again. *Show the second video.*

**Did you find this second video describing the different surveys helpful?**

Follow-up questions:

- Are there other materials you think we should provide to help you understand the smartphone procedures?
- Do you think we should continue to use this video (or a similar video) in the study?

**Are there other videos that you think would be helpful?**

Follow-up questions:

- Do you think it would be helpful to have a FAQ video?
  - What kind of questions should go into an FAQ video?
  - When and how should we give an FAQ video to participants?
- Do you think a video showing how to download the smartphone app would be useful?

### 3. Smartphone Survey Questions

#### A. Review of Selected Question

SAY: As part of this meeting, we are also interested in getting your impressions of some of the questions we asked on the smartphone app. There are three different sets of questions we are particularly interested in knowing more about from you – the identity questions, appearance related pressures, and the binge eating questions.

I am going to share my screen to show you some of the question you were asked. We want to know more about your experiences in answering these questions. Take 1-2 minutes to just read over these again.

*Give 1-2 minutes to review – these should be familiar already to participants. Only show the first page (Identity Questions) at this time.*

#### B. Identity Questions

SAY: Ok, let's start with the first page – experiences related to your identity.

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##### **[SHOW FOLLOWING QUESTIONS FROM PROMPTED SURVEY]**

The next several questions will ask you about experiences you have had during the last several hours that may be related to aspects of your identity.

For example, some relevant aspects of your identity may be related to your gender, age, race or ethnicity, sexual orientation, weight or appearance, religion, social class, or you may have other parts of your identity that are important to you and may influence your experiences.

Since the last Prompted Survey, have you felt that you were perceived differently, treated differently, or singled out by others or the environment because of your gender, age, race/ethnicity, sexual orientation, weight or appearance, religion, social class, or any other part of your identity? Mark all that apply.

- I was made fun of, teased, or called derogatory names.
- I was treated unfairly or prevented from doing something.
- I was made to feel inferior.
- I was excluded.
- I was glared at or singled out.

I was judged or criticized.  
Others made unfair assumptions about me.  
I was treated with less courtesy/respect than others.  
I felt singled out by the environment.  
I felt family/friends were ashamed of me.  
I was harassed, threatened or followed.  
Unrelated problems were blamed on specific aspects of my identity  
I overheard disparaging comments about my group.  
Other  
I did not experience any of these events.

If you selected any events on the previous screen, what do you think were the reason(s) that you had this experience? Mark all that apply.

Gender  
Age  
Race or ethnicity  
Sexual orientation  
Weight or appearance  
Religion  
Social class  
Other  
I did not experience any of the events listed on the previous screen.

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**Did these questions about negative experiences related to your identity capture your experiences during the study week?**

Follow-up questions:

- Did you have any negative experiences related to your identity that you think these items did not capture? Describe these.
- Did you understand what we meant when we asked about different parts of your identity?
- Were there any parts of your identity that are really important for you but we didn't include in this list?

**C. Appearance-related Pressure Questions**

SAY: Let's move onto the appearance-related pressure questions. We asked about four different pressures – family members, peers, significant other, and the media. Take a minute to look at these questions again.

*Give 1 minute to review.*

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**[SHOW FOLLOWING QUESTIONS FROM PROMPTED SURVEY]**

The next several questions will ask you about some of your social interactions and experiences during the last several hours.

In thinking about your social experiences **since the last Prompted Survey**, how much did you feel pressure from each of the following to improve or change your appearance? [0=No pressure, 6=A lot of pressure]

I felt pressure from **family members** to improve or change my appearance.

I felt pressure from **peers** (e.g., friends, coworkers, acquaintances, etc.) to improve or change my appearance.

I felt pressure from **a significant other** to improve my appearance.

I felt pressure from **the media** to improve my appearance.

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**Does this idea of appearance-related pressure make sense? By this we mean that there are either obvious, or more subtle things that happen that make you feel as though you should change your appearance.**

Follow-up questions:

- Were there any other places where you experienced pressure from?
- Where do you feel the most appearance-related pressure?
- What sort of appearance-related messages did you notice the most this week?

**D. Binge Survey and Eating Questions**

SAY: Let's move onto the Binge Survey and Eating questions. Take a minute to look at these questions again.

*Give a few minutes to review.*

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**[SHOW FOLLOWING QUESTIONS FROM PROMPTED SURVEY]**

When you most recently ate, how much: [0=Not at all, 6=Very much so]

Did you eat an unusually large amount of food given the circumstances?

Did you have a sense of having lost control over your eating (at the time that you were eating)?

Did you find yourself eating because you were stressed out, even when you were not physically hungry?

Did you try to limit the amount of food you ate to influence your shape or weight?

Did you enjoy the food you were eating?

Did you avoid specific types of foods (e.g., high carb foods, foods with sugar) to influence your shape or weight?

Did you trust your body to tell you how much to eat?

Did you feel guilty after eating?

Did you mostly eat foods that make your body perform efficiently (well)?  
Were you concerned about other people seeing you eat?  
Did you eat because you were feeling stressed, sad, or upset?  
Did you allow yourself to eat what food you desired at the moment?

**[SHOW FOLLOWING QUESTIONS FROM BINGE EATING SURVEY]**

Welcome to the HER Life Project Binge Eating Survey. Remember, you should complete this survey each time that you binge eat. What do we mean by *binge eat*?

Binge eating is:

- Eating an unusually large amount of food given the circumstances **and**
- Having a sense of losing control over your eating

Let us give you a few examples of what each of these mean on the next page.

***What is an unusually large amount of food given the circumstances?***

- Do you think the amount of food you ate was more than what one of your peers would typically eat? If yes, then this could be considered an unusually large amount of food.
- A large amount might mean you consumed **a lot** of one type of food, or you consumed smaller amounts of **many different** types of food
- “Given the circumstances” means that you should take the situation into account. For example, eating a large amount of food on Thanksgiving Day might not qualify.

***What is losing control over your eating?***

Here are some examples of how people describe this feeling:

- Feeling *driven* or *compelled* to eat
- Feeling like you *can't stop eating once you start*
- Feeling like you *couldn't have stopped yourself from starting to eat* in the first place
- Feeling like you are *no longer trying to control your eating* because overeating is inevitable

With that information in mind, did you recently binge eat? [yes/no]

**If yes:**

When did you begin eating? [time select]

When did you stop eating? [time select]

Where were you?

Home/ Work or school/ Other person's home /Community center/ Restaurant/bar/ Vehicle/  
Outside/ Medical office/ Other

Were you with other people at all during this eating episode? (yes/no)

**If no:**

Thanks for letting us know. If you do binge eat later, please return to this survey at that time.

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**Were you able to identify when you were engaging in a binge episode?**



Follow-up questions:

- Was the description we gave at the beginning of the survey helpful about what is considered a binge? Anything we should add or take out of this description?
- Was it hard to remember to do the binge surveys? Is there anything we could do to help make this easier?
- Are there any other questions you think we should ask in the Binge Survey?

SAY: In all of the Prompted Surveys we also asked you about your eating.

**Do you have any suggestions for these questions about your eating?**

Follow-up questions:

- Were there any reason you were eating that we missed or didn't ask about?
- Is there anything else about the times when you ate that you think we should ask about?

## 4. Healthcare Experiences

### A. Discussion of Positive and Negative Healthcare Experiences

SAY: This is all really helpful! Thank you for all of your feedback on our specific study questions. As we mentioned before, our ultimate goal is to help create better treatment programs for health-related behaviors. An important aspect of treatment is your interactions with healthcare providers, so we would like to know more about these experiences.

**Do you feel comfortable talking to your doctor about concerns related to things like your mental health, eating habits, or alcohol use?**

Follow-up questions:

- What is it about your healthcare provider that makes you feel comfortable? What about uncomfortable?
- Are there specific topics that you feel especially comfortable talking about with your doctor? What about topics that make you uncomfortable?
- What has been the most helpful thing that your doctor has said or done?
- What could be done differently so that you are comfortable talking to your provider about these topics?

**Have you had a bad or negative experience with a healthcare provider?**

Follow-up questions:

- What made this experience bad or uncomfortable for you? What happened?
- Was the negative experience with a health care provider due to discrimination? What kind of discrimination?
- How did you respond? Kept it to yourself, accepted the experience as a fact of life, told a family member or friend, etc.

## 5. General Procedure Feedback

### A. Overall Feedback

SAY: At this point we have talked about a lot of specifics related to the study procedures. Now I want to get back to your overall experience while in this study the last few weeks.

**Are there any other aspects of the procedures that you really liked or really didn't like that you want to share with us?**

Follow-up questions:

- Were the times of the Prompted Surveys ok – starting as early as 9am and ending as late as 9pm?
- Was it hard to remember to complete the morning survey? Do you have any suggestions to help people remember to do the morning survey?
- How was it doing these surveys for a week? Would you be willing to do these for two weeks if we continued to pay you?

### B. Barriers and Overcoming Barriers

SAY: **What was the most difficult part of completing the study?**

Follow-up questions:

- Are there things we should tell future participants before they start the study?
- Is there any other information that you wish you had when completing the study?
- Are there any challenges or barriers you can think of for women who may not be as “tech savvy” as you?

**If you had a friend who was considering participating in this study, would you recommend she participate?**

Follow-up questions:

- If not, is there anything we could do to make the experience better so you would recommend the study?

## 6. End of Study Survey and Compensation Information

### A. End Session

SAY: We are almost finished for today. We would like you to fill out an end of study survey. This survey will allow us to get more specific feedback from you all about the study. This is also a great opportunity to give us any feedback that you did not feel comfortable sharing today. I will email you the link to this survey as soon as we finish up with the call. Will you be able to complete that survey today?

*For participants who enrolled under the first Informed Consent when they were told they would get cash (not a gift card):*

SAY: After you have completed the survey, we will make sure you get paid for your time. As part of your participation in the study, you were given the opportunity to earn up to \$80.

I know when you originally signed up for this study we told you that this meeting was going to be in-person at ODU and that we were going to pay you cash at the end of the meeting. That was our original plan, but with ODU's restrictions on on-campus meetings, we are not able to meet with you to give you a cash payment. So, at this point you have two options. We can either pay you using an Amazon gift card within the next couple of days, or if you would prefer cash, once campus has opened again, we can arrange for you to stop by our research office in the Mills Godwin Building to pick up cash. We are not sure at this point when campus will be open again, but we are thinking it would be mid-June at the earliest. Either of these options is fine with us, so just let me know which you would prefer.

If Amazon: What is your preferred email address to receive the Amazon gift card?

[Make note of option selected so we can make payment.]

*For participants who enrolled under the second Informed Consent when they were told they would get an Amazon gift card:*

SAY: After you have completed the survey, we will make sure you get paid for your time. As part of your participation in the study, you were given the opportunity to earn up to \$80. After you finish the survey, we will calculate your total payment, and you'll get an email within the next week with your Amazon gift card. What is your preferred email address to receive the Amazon gift card?

## 7. Closing

### A. Mental Health Resources

SAY: We'd like to thank you again for your time today. Sometimes in studies like this, participants may start to think more about their mental and physical health and may want to talk to someone about their experiences. In that same email with the end of study survey link, I am also going to include some resources in case you would like to talk to someone.

### B. Thank You

SAY: Thank you for participating in the HER Life Focus Group! We really appreciate your time and effort.

Original and revised ecological momentary assessment (EMA) survey questions. Red text in the right column indicates text that was added or modified based on participant feedback.

### Binge Eating Questions

Original Questions Used in Pilot Study	Revised Questions Based on Feedback
<p><b><u>Prompted Survey Eating Questions</u></b>            When you most recently ate, how much: [0=Not at all, 6=Very much so]            Did you eat an unusually large amount of food given the circumstances?            Did you have a sense of having lost control over your eating (at the time that you were eating)?            Did you find yourself eating because you were stressed out, even when you were not physically hungry?            Did you try to limit the amount of food you ate to influence your shape or weight?            Did you enjoy the food you were eating?            Did you avoid specific types of foods (e.g., high carb foods, foods with sugar) to influence your shape or weight?            Did you trust your body to tell you how much to eat?            Did you feel guilty after eating?            Did you mostly eat foods that make your body perform efficiently (well)?            Were you concerned about other people seeing you eat?            Did you eat because you were feeling stressed, sad, or upset?            Did you allow yourself to eat what food you desired at the moment?</p> <p><b><u>Binge Eating Survey Questions</u></b>            Did you recently binge eat? [yes/no]</p> <p><b><u>If no:</u></b>            Thanks for letting us know. If you do binge eat later, please return to this survey at that time.</p> <p><b><u>If yes:</u></b></p>	<p><b><u>Prompted Survey Eating Questions</u></b>            When you most recently ate, <b>to what degree did you did you:</b> [0=Not at all, 6=Very much so]  <b>Plan or prepare to eat ahead of time?</b>            Eat an unusually large amount of food given the circumstances?            Have a sense of having lost control over your eating (at the time that you were eating)?  <b>Find yourself eating because you were bored, even when you were not physically hungry?</b>  <b>Find yourself eating because food was available, even when you were not physically hungry?</b>            Try to limit the amount of food you ate to influence your shape or weight?            Enjoy the food you were eating?            Avoid specific types of foods (e.g., high carb foods, foods with sugar) to influence your shape or weight?            Trust your body to tell you how much, what, or when to eat?            Feel guilty after eating?            Mostly eat foods that make your body perform efficiently (well)?            Were you concerned about other people seeing you eat?            Eat because you were feeling stressed, sad, upset, <b>or another negative emotion?</b>            Allow yourself to eat what food you <b>wanted</b> at the moment?</p> <p><b><u>Binge Eating Survey Questions</u></b>            Did you recently binge eat? [yes/no]</p> <p><b><u>If no:</u></b>            Thanks for letting us know. If you do binge eat later, please return to this survey at that time.</p>

<p>When did you begin eating? [time select]          When did you stop eating? [time select]          Where were you?          Home/ Work or school/ Other person's home /Community center/          Restaurant/bar/ Vehicle/ Outside/ Medical office/ Other          Were you with other people at all during this eating episode? (yes/no)</p>	<p><b><u>If yes:</u></b>          On what <b>DATE</b> and what <b>TIME</b> did you <b>BEGIN</b> binge eating? [date and time select]          When did you <b>STOP</b> eating? [time select]          Where were you?          Home/ Work or school/ Other person's home /Community center/          Restaurant/bar/ Vehicle/ Outside/ Medical office/ Other</p> <p>When you were eating, did you eat much faster than normal? (yes/no)</p> <p>Did you eat until feeling uncomfortably full? (yes/no)</p> <p>Did you attempt to hide your binge eating from others or keep it a secret? (yes/no)</p> <p>Were you with other people at all while you were eating? (yes/no)</p> <p><b><u>If no:</u></b> Did you eat alone because of feeling embarrassed by how much you were eating? (yes/no)</p> <p>After eating, did you feel disgusted, depressed, or guilty? (yes/no)</p> <p>After you finished eating, did you do any of the following in order to prevent weight gain? (Mark all that apply.)</p> <ul style="list-style-type: none"> <li>Self-induced vomit</li> <li>Took a laxative, diuretic or other medication</li> <li>Exercised excessively</li> <li>Other</li> <li>None of the above</li> </ul> <p>How likely is it that you will do something, such as vomit, take laxatives or another medication, exercise excessively, or do something</p>
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	<p>else in order to prevent weight gain in the next few minutes or hours? [0=not at all likely, 6=very likely]</p> <p>Please rate your overall mood: [0 = Very poor mood, 6 = Very good mood]</p> <p>Immediately before binge eating During binge eating Immediately after binge eating</p> <p>We are interested in whether you think there was any specific trigger for this time when you binge ate. Do you think that any of the following caused or immediately led up to your binge eating? (Mark all that apply.)</p> <p>Stress A problem or concern with another person Negative emotions (e.g., sad, anxious, angry, etc.) Negative feelings related to my body weight, body shape, and food Boredom I don't know Other (please specify)</p>
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**Identity-related Stressor Questions** (from Prompted Survey)

<p>Since the last Prompted Survey, have you felt that you were perceived differently, treated differently, or singled out by others or the environment because of your gender, age, race/ethnicity, sexual orientation, weight or appearance, religion, social class, or any other part of your identity? Mark all that apply.</p> <p>I was made fun of, teased, or called derogatory names. I was treated unfairly or prevented from doing something. I was made to feel inferior. I was excluded.</p>	<p>Since the last Prompted Survey, have you felt that you were perceived differently, treated differently, or singled out by others or the environment because of your gender, age, race/ethnicity, sexual orientation, <b>disability status</b>, social class, religion/<b>spirituality</b>, weight or appearance, or any other part of your identity? Mark all that apply.</p> <p>I was made fun of, teased, or called derogatory names. I was treated unfairly or prevented from doing something. I was made to feel inferior. I was excluded.</p>
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<p>I was glared at or singled out.  I was judged or criticized.  Others made unfair assumptions about me.  I was treated with less courtesy/respect than others.  I felt singled out by the environment.  I felt family/friends were ashamed of me.  I was harassed, threatened or followed.  Unrelated problems were blamed on specific aspects of my identity  I overheard disparaging comments about my group.  Other  I did not experience any of these events.</p> <p>If you selected any events on the previous screen, what do you think were the reason(s) that you had this experience? Mark all that apply.</p> <p>Gender  Age  Race or ethnicity  Sexual orientation  Weight or appearance  Religion  Social class  Other  I did not experience any of the events listed on the previous screen.</p>	<p>I was glared at or singled out.  I was judged or criticized.  Others made unfair assumptions about me.  I was treated with less courtesy/respect than others.  I felt singled out by the environment.  I felt family/friends were ashamed <b>or disapproved of me.</b>  <b>I felt misunderstood, ashamed, or silenced.</b>  I was harassed, threatened, or followed.  Unrelated problems were blamed on specific aspects of my identity.  I overheard disparaging comments about my group.  Other, <b>please describe:</b> _____  I did not experience any of these events.</p> <p>If you selected any events on the previous screen, what do you think were the reason(s) that you had this experience? Mark all that apply.</p> <p>Gender  Age  Race or ethnicity  Sexual orientation  <b>Disability status</b>  Social class  Religion <b>or spirituality</b>  Weight or appearance  Other  I did not experience any of the events listed on the previous screen.</p>
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**Appearance-Related Pressure Questions** (from Prompted Survey)

<p>In thinking about your social experiences <b><u>since the last Prompted Survey</u></b>, how much did you feel pressure from each of the following to improve or change your appearance? [0=No pressure, 6=A lot of pressure]</p>	<p>In thinking about your social experiences <b><u>since the last Prompted Survey</u></b>, how much did you feel <b>overt or perceived pressure from each of the following <u>types of people</u></b> to improve or change your appearance? [0=No pressure, 6=A lot of pressure]</p>
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I felt pressure from **family members** to improve or change my appearance.  
I felt pressure from **peers** (e.g., friends, coworkers, acquaintances, etc.) to improve or change my appearance.  
I felt pressure from **a significant other** to improve my appearance.  
I felt pressure from **the media** to improve my appearance.

I felt pressure from **family members** to improve or change my appearance.  
I felt pressure from **peers** (e.g., friends, coworkers, acquaintances, etc.) to improve or change my appearance.

I felt pressure from **people of authority** (e.g., supervisor, boss) to improve or change my appearance.

I felt pressure from **strangers** (e.g., in a public place, celebrity in the media, etc.) to improve or change my appearance.

In thinking about ways you may experience these pressures, they could come from either in-person interactions or encounters, or through the media (either traditional or social media).

Since the last Prompted Survey, how much did you feel overt or perceived pressure to improve or change your appearance from **in-person** interactions or encounters? [0=No pressure, 6=A lot of pressure]

Since the last Prompted Survey, how much did you feel overt or perceived pressure to improve or change your appearance from **media or social media** interactions or encounters (e.g., reading or seeing something in the media or social media)? [0=No pressure, 6=A lot of pressure]